

PART B—ISSUE FEE TRANSMITTAL

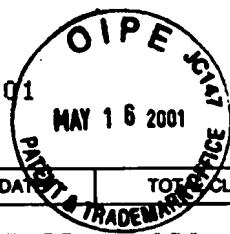
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CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

022907
 BANNER & WITCOFF
 1001 G STREET N W
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 WASHINGTON DC 20001

IM22/0220



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Certificate of Mailing

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APPLICATION NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
09/469,368	12/22/99	020	ACQUAH, S/	1711 02/20/01
First Named Applicant PACIFICO, 35 USC 154(b) term ext. = 0 Days.				

TITLE OF INVENTION **SENSITIVE SUBSTANCE ENCAPSULATION**

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
0	00131.80620	427-213.300	C32	UTILITY	NO	\$1240.00 05/21/01

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Banner & Witcoff, Ltd.

2. _____

3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE **Balchem Corporation**
 (B) RESIDENCE: (CITY & STATE OR COUNTRY) **Slate Hill, New York**

Please check the appropriate assignee category indicated below (will not be printed on the patent)

- ☐ Individual ☒ corporation or other private group entity ☐ government

4a. The following fees are enclosed (make check payable to Commissioner of Patents and Trademarks):

- ☐ Issue Fee
☐ Advance Order - # of Copies _____

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DEPOSIT ACCOUNT NUMBER **19-0733**
 (ENCLOSE AN EXTRA COPY OF THIS FORM)

- ☒ Issue Fee
☒ Advance Order - # of Copies **10**

The COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue Fee to the application identified above.

(Authorized Signature) Susan A. Wolffe (Date) 5/16/01
 Susan A. Wolffe-Reg. No. 33,568

NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

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05/17/2001 HTEDKLU 00000133 190733 09469368

01 FC:142
 02 FC:561

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